

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Marilinda Garcia for Congress			
ADDRESS (number and street) PO Box 821			
CITY, STATE, and ZIP CODE Salem NH 03079			
2. NAME OF CANDIDATE Marilinda Garcia	3. OFFICE SOUGHT (State and District) NH 02		4. FEC IDENTIFICATION NUMBER C00552364
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE Robert H. Bruce 100 Boerne Stage Airfield Boerne TX 78006	Name of Employer Boeme Stage Airport Transaction ID : F6.7884 Occupation proprieter	Date (month, day, year) 09/03/2014	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Sue Cannon 6420 West Lakeridge Road Denver CO 80277	Name of Employer information requested Transaction ID : F6.7887 Occupation information requested	Date (month, day, year) 09/03/2014	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Anita J. Court 171 Hermitage Circler Ligonier PA 15658	Name of Employer retired Transaction ID : F6.7883 Occupation retired	Date (month, day, year) 09/03/2014	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE John Marshall 136 Moorings Park Drive, Apt. P502 Naples FL 34105	Name of Employer retired Transaction ID : F6.7886 Occupation retired	Date (month, day, year) 09/03/2014	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE James Patterson 10000 Shelbyville Road, Suite 100 Louisville KY 40233	Name of Employer self employed Transaction ID : F6.7885 Occupation investor	Date (month, day, year) 09/03/2014	Amount 2000.00

SIGNATURE (optional) David Horan <div style="text-align: center;">[Electronically Filed]</div>	DATE 09/03/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Robert Rust 1430 S. Dixie Highway, Suite 315 Coral Gables FL 33146	Name of Employer retired Transaction ID : F6.7888 Occupation retired	Date (month, day, year) 09/03/2014	Amount 2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE FIRST PRINCIPLES FUND 133 SOUTH HARBOR DRIVE VENICE FL 34285	Name of Employer Transaction ID : F6.7894 Occupation	Date (month, day, year) 09/03/2014	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE JEFF PAC 2150 RIVER PLAZA DR. #150 SACRAMENTO CA 95833	Name of Employer Transaction ID : F6.7892 Occupation	Date (month, day, year) 09/03/2014	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE JUSTINPAC PO BOX 2997 GRAND RAPIDS MI 49501	Name of Employer Transaction ID : F6.7889 Occupation	Date (month, day, year) 09/03/2014	Amount 2600.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE LUMMIS FOR CONGRESS PO BOX 52188 CASPER WY 82609	Name of Employer Transaction ID : F6.7893 Occupation	Date (month, day, year) 09/03/2014	Amount 1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE RAUL LABRADOR FOR IDAHO PO BOX 1616 BOISE ID 83701			
Name of Employer Transaction ID : F6.7891 Occupation		Date (month, day, year) 09/03/2014 Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE RON DESANTIS FOR CONGRESS PO BOX 405 POINTE VEDRA FL 32004			
Name of Employer Transaction ID : F6.7890 Occupation		Date (month, day, year) 09/03/2014 Amount 1000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	